

EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



SOLID WASTE EQUIPMENT OPERATOR I/II (Public Works – Field Operations / Solid Waste Section)

OPENING DATE: August 14, 2006

CLOSING DATE: Subject to closing when the needs of the City are met. **First review of applications** will be **August 28, 2006**. This position may close at that time.

Position Information: This position requires the ability to work a flexible 4/10 schedule, 5:30 a.m. to 4:00 p.m. including weekends and holidays. The operator maybe assigned to work in any of these areas based on the work load needs. In addition to completing the City of Tempe application, applicants must complete the attached supplemental sheet. Incomplete application or supplemental forms will result in being disqualified from further consideration.

ANNUAL SALARY RANGE:

Level I: \$31,991 - \$43,182

Level II: \$36,199 - \$48,859

This position is FLSA Non-Exempt - eligible for overtime compensation and/or compensatory time. Employees in this position are represented by the Public Works union (SEIU).

MINIMUM QUALIFICATIONS

Level I: Requires the equivalent to some experience reading and understanding route maps and street signs. Experience in skid steer or similar equipment operation and knowledge of traffic laws, ordinances, and rules for operating class A commercial vehicle/equipment is preferred. Requires the equivalent to completion of the twelfth (12th) grade supplemented with completion of a commercial driver-training program.

Level II: Requires the equivalent to two years of full-time, increasingly responsible heavy equipment operator experience, or, solid waste experience in front-loader operation, roll-off operation, side-loader operation, and rear-loader operation. Requires the equivalent to completion of the twelfth (12th) grade supplemented by applicable training in solid waste equipment operation.

ADDITIONAL REQUIREMENTS

Possession of an appropriate, valid Arizona Class A Commercial Driver's License is required at time of hire. In addition, a recent copy of your 5-year driving record is required at the time of interview. If requesting Veteran's Preference, the appropriate DD214 must be attached at time of application.

REPRESENTATIVE DUTIES

For the complete job description go to: <http://www.tempe.gov/hrcc/docs>

- Operate a large mechanized solid waste collection truck on a commercial and/or residential route, and uncontained solid waste collection; operate the mechanical and electrical controls of the vehicle to assure maximum legal load capacity prior to transporting to disposal site.
- Load brush into rear-loading trucks using manual labor; compact brush.
- Load trash into collection vehicles using tools such as shovels, rakes, and pitchforks.
- Clean areas using rake, shovel, pitchfork and/or broom; transport the contents of the packer body to a predetermined site for disposal; empty the packer body.

- Perform a daily routine inspection of the refuse collection vehicle prior to and at the conclusion of each route; perform routine service on the vehicle, including re-fueling, checking and adding oil, water, and hydraulic fluids, when necessary; checking tires and adding air when necessary, draining air tanks as needed and reporting necessary repairs.
- Answer routine customer inquiries concerning the pick-up schedules or other routine matters related to the collection and disposal of residential or commercial solid waste pick-up; learn job-related procedures and techniques, primarily through on-the-job training, oral instruction and observation.
- Operate skid steer and similar equipment for lifting and placing uncontained solid waste.
- Perform related duties as assigned.

SELECTION CRITERIA

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. **Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.**

RECRUITMENT CODE: 2142

EAB/pmm



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Social Security Number: _____
4. Mailing Address: _____
Street Address City State Zip
5. Phone Number: HOME: _____ WORK: _____
6. Driver's License (Number, State, Class): _____
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: Temporary? Regular?
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:

10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
 - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
 - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	
			Yes No	
			Yes No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

--

17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

--

18. List equipment with which you are proficient in operating ***that relate to this position:***

--

19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

--

22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If Yes, provide charges, dates and locations:

--

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.

CDL SUPPLEMENT

Name _____ Social Security # _____

Current Address: _____
Street Address City State Zip

Address for the past three years (attach sheet if more space is needed):

_____ How Long? _____
Street Address City State Zip

_____ How Long? _____
Street Address City State Zip

Please list all unexpired commercial motor vehicle operator's licenses or permits			
State	License Number	Type	Expiration Date

Please list all motor vehicle accidents in which you were involved the past three years regardless of fault. Attach another sheet if more space is needed.			
Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries

Please list all traffic convictions and forfeitures, including fines, for the past three years (other than parking violations). Attach another sheet if more space is needed.			
Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes ☐ No ☐

B. Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If the answer to either A or B above is yes, please provide details (attach sheet if more space is needed):

Please list your driving experience in the table below. Include the type of medium and/or heavy equipment (i.e. bus, forklift, side loader, backhoe, gang mower, large truck, and crane) you have operated and include the length of time and skill level. Attach sheet if more space is needed.

Type of Medium / Heavy Equipment Operated	Dates		Skill Level			Please provide any additional information you can regarding: Vehicle's Make and Model; Size; Weight of Equipment; Type of Equipment; and for what employers; etc.
	From	To	Somewhat Skilled	Moderately Skilled	Very Skilled	
Example: Refuse Truck	5/23/99	5/22/01			X	Volvo WX; 26,000+ Gross Vehicle Weight; ACME Garbage Collection
Refuse Truck(s)						
Large Fork Lift(s)						
Bulldozer(s)						
Street Sweeper(s)						
Motor Grader(s)						
Bucket Truck(s)						
Front-End Loader(s)						
Large Trucks/Buses						
Other:						

I hereby certify that all statement contained herein are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. I understand that this information is subject to verification with my former employers.

Signature

Date



Voluntary Employment Data Record

Completing ethnicity, gender, age and disability information is **OPTIONAL**; it is used for statistical reporting purposes only. It is **NOT** disclosed to the hiring department.

Position Applied for: _____ RC#: _____

Name: _____ Date: _____
Last First

Gender: Female Male

Disabled: Yes No

Ethnic Group:

White

Black

Hispanic

Asian

American Indian

Other

Age Group:

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: _____

How did you hear about this position: _____